



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application Number

09/802,693

Filing Date

March 8, 2001

First Named Inventor

Hiroi, Takashi

Art Unit

2621

Examiner Name

Brian P. Werner

Attorney Docket Number

16869P-017810US

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Issue Fee Transmittal<br><input type="checkbox"/> Fee Attached         | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Allowance | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Request for Refund   | Return Postcard   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Copy of Assignment from the parent application 09/791,911                               |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                                  | <input type="checkbox"/> Landscape Table on CD  |   |

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chun-Pok Leung		
Date	September 28, 2005	Reg. No.	41,405

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Joy Salvador	Date	September 28, 2005